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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Increase in Fatalities Among Youthful Cyclists

THE bicycle rider on our city streets and country highways represents a hazard that probably causes more worry to the automobile driver than to the cyclist himself, though statistics show that the latter has plenty of cause for worry. In 1936 and in 1937 the fatalities resulting from the collision of automobiles with bicycles were double the number of the preceding year. Estimates for the United States place the number of deaths in collisions between these vehicles at about 700 in 1936 and in 1937, and at about 350 in 1935. While these national estimates are not exact, being based on information supplied by a limited number of States, there can be little doubt that the number of deaths actually did double between 1935 and 1936. Extensive mortality records for Industrial policyholders of the Metropolitan Life Insurance Company substantiate this conclusion. In 1935 the death rate of male policyholders due to collisions between automobiles and bicycles was 6.3 per million, whereas in 1936 and in 1937 the rates were respectively 12.1 and 11.9.

The explanation for this sudden rise in the death rate seems to lie mainly in the recent increase in the number of boys on bicycles on our highways. It is true that there has been a marked revival in the popularity of bicycle riding by adults also, in recent years, and it has been suggested that therein lies the cause of the increased death rate. But analysis of the records of Industrial policyholders does not indicate that adults are to any great extent responsible for the mounting figure. As is clearly brought out in the accompanying table, more than three quarters of the deaths among male Industrial policyholders in 1937 occurred in the age period 10 to 19 years, and the most substantial increases in the death rate since 1935 have occurred at these ages. At ages 10 to 14 years deaths in 1937 occurred at the rate of 29 per million policyholders, and at ages 15 to 19 the rate was 43. Clearly, the problem of preventing bicycle accidents on the highway is largely one of preventing accidents to boys of these ages. As a matter of fact, if the figures were broken down to show

Bicycle-Automobile Collisions
Death Rates per 1,000,000 Males for Specified Ages
Metropolitan Life Insurance Company
Industrial Department, Weekly Premium-Paying Business
1925 to 1937

Year	Age groups									
	1 – 74		5 – 9		10 – 14		15 – 19		20 – 64	
	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate	Deaths	Death rate
1937..	91	11.9	6	6.0	33	29.2	39	42.8	9	2.4
1936..	90	12.1	6	6.0	32	29.3	32	35.7	19	5.3
1935..	46	6.3	5	4.9	16	14.9	17	20.0	7	2.0
1934..	40	5.6	1	1.0	20	19.4	12	14.1	6	1.8
1933..	41	5.8	1	1.0	17	16.6	15	17.7	6	1.8
1932..	36	4.9	4	3.5	7	6.8	13	14.9	12	3.5
1931..	60	7.8	7	5.9	24	22.1	15	16.5	8	2.2
1930..	50	6.3	2	1.6	23	21.4	15	15.9	8	2.2
1929..	47	5.8	6	4.8	17	15.5	16	17.1	6	1.6
1928..	28	3.5	..	...	14	12.7	4	4.5	8	2.2
1927..	36	4.7	4	3.5	16	15.1	9	10.4	6	1.7
1926..	27	3.6	2	1.7	12	11.5	7	8.2	4	1.1
1925..	31	4.3	1	.9	21	21.4	4	5.0	5	1.5

the rate for ages 13 to 16, it would probably be found that the problem was concentrated very largely in that even narrower age range.

The table on this page shows the death rate per million male Industrial policyholders by broad age periods for the years 1925-1937. Since bicycle fatalities are very infrequent among girls and women—there were, in 1937, only seven deaths among the millions of insured female Industrial policyholders—no death rates were calculated for them.

Motorists will not be surprised at these findings. The unpredictable actions of boy bicyclists have given them many uneasy moments. Youthful cyclists will swerve suddenly and widely, often in the direction of a car approaching them. They cut across traffic lanes, pedaling furiously, depending on their speed and skill for safety. They dart into the road from between parked cars, quite often with another lad sitting on the handlebars. Many of them will race along in front of an automobile for blocks before yielding the right of way. At night, because of the absence of lights or reflectors on their wheels, they will loom up suddenly in the path of a car. It is a singular fact that in the heyday of the bicycle, the nineties of the last century, laws requiring the carrying of lights at night were strictly enforced; while today, with road hazards vastly increased by the automobile, few cyclists take the trouble to carry a light at night. It is very fortu-

nate that in some States and localities the authorities have taken steps to remedy this situation. Motorists themselves, also, must contribute their share in reducing the toll.

The prevention of these regrettable accidents to cyclists is, however, admittedly difficult. It means convincing adolescents that they should stay off the highways except when their presence there is unavoidable; that while they are on highways, even under the best circumstances, they are in grave danger, and must be continuously on the alert to protect themselves; and that showing off, clowning, and bravado on the highways are suicidal. Parental influence must be exercised to keep boys from needlessly using the highways. The schools can aid in pointing out the hazards. The laws of every State should require that bicycles in use at night be equipped with a front light and tail light or reflector, and these laws should be enforced strictly. Bicyclists should be subject to the highway traffic laws.

The most effective means for preventing these accidents would be to provide more cycling paths.

The Decline in American Reproductivity

OUR readers have been made familiar on repeated occasions with the principle that the excess of the recorded birth rate over the death rate does not furnish a conclusive and reliable indication of the capacity for the future natural growth of our population. This is because the birth rate and the death rate are both affected by the age distribution, which is undergoing a systematic change, with a shift toward the older ages. Any really conclusive criterion must be independent of the effect of this change. One such criterion is the figure obtained by computing the number of daughters that would be born to, say, 1,000 women passing, without losses by death, through the reproductive period, subject to the prevailing rates of reproduction at the several age periods. Clearly, if this figure fell below 1,000, or, what amounts to the same thing, if the corresponding number of children fell below 2,057,* and if this state continued over successive generations, the population would be headed for gradual decline in numbers. This "gross reproductive rate" of 2,057 children per 1,000 women represents the absolute minimum compatible with a self-sustaining population. If the "gross" rate falls below this minimum, no amount of improvement in the mortality of the population can stem the ebb-tide, for we have, in the computation, assumed the extreme and unattainable ideal of no deaths at all for these women, from birth to the end of their reproductive period.

On the basis of this criterion it is of the greatest interest to examine the trend of events in the several States of the Union between the

*The sex ratio at birth has for many years been fairly constant at 1,057 boys for every 1,000 girls.

periods 1918 to 1921 and 1929 to 1931. Among native white females, declines in the gross reproductivity have been greatest in the Southern and Pacific Coast States, and least in the New England and North Central States. This, in further detail, is shown in the table and map on pages 5 and 6.

From inspection of the data in the table it will be seen that all the eight ranking States, in order of percent decline, lie in the southern section of our country. South Carolina heads them all, with a decline of 31.0 percent from a gross reproductive rate of 4,487 per 1,000 in the earlier period, 1918 to 1921, to one of 3,096 per 1,000 in the later period, 1929 to 1931. Following, in turn, are Florida, North Carolina, Georgia, Alabama, Mississippi, Arkansas, and Texas, with declines ranging from 29.9 percent to 26.7 percent. Among the remaining States with declines in reproductivity of 25.0 percent or more will be found Nevada, California, Oregon, and Washington, which are west of the Rockies; and Virginia, Maryland, and Oklahoma, which lie to the south. In fact, a glance at the map on page 6 shows that all the States with the highest decline (shaded black) form two continuous blocks, one toward the South and Southeast, the other in the Far West. It will further be noted that of the 11 States with a decline in reproductivity falling between 20 and 25 percent, eight (Pennsylvania, West Virginia, Tennessee, Louisiana, Oklahoma, Idaho, Utah, and Arizona) are adjacent to States whose decline was greater than 25 percent. Of the other three States, two, Montana and Kansas, were themselves adjacent to States with a 20 to 25 percent decline, while Illinois forms an island in States of lesser decline.

All of the States with declines in reproductivity falling between 15 and 20 percent lie in the upper section of the United States. This group includes New York and New Jersey in the East, South Dakota and Nebraska in the West, and States as far south as Kentucky and Missouri. States whose gross reproductive rates for native white females have dropped less than 15 percent include those in the New England group, North Dakota, Wyoming, Colorado, and New Mexico. In the case of New Mexico, which had the lowest decline, namely 1.6 percent, it is suspected that the gross reproductive rate accredited to the native white population for the period 1929 to 1931 was kept up by the inclusion of Mexicans along with the native whites in the records of population and births.

It may also be observed, by inspection of the table on page 5, that, with few exceptions, the States with high gross reproductive rates in 1918 to 1921 showed the severest declines in reproductivity, while States with low initial rates had relatively low declines. For example, the States with a gross reproductive rate of 4,000 or more in the years from 1918 to 1921 (except New Mexico) experienced an average decline of 25.5 percent from the

*Gross Reproductive Rates per 1,000 Native White Females, Traced from Birth to the End of Their Reproductive Period, for Each State of the United States, 1918 to 1921 and 1929 to 1931, and Percent Change from the Earlier to the Later Period**

State	Gross Reproductive Rate per 1,000		Percent Decline from Earlier to Later Period	State	Gross Reproductive Rate per 1,000		Percent Decline from Earlier to Later Period
	1929 to 1931	1918 to 1921			1929 to 1931	1918 to 1921	
South Carolina	3,096	4,487	31.0	Illinois	1,967	2,473	20.5
Florida	2,383	3,400	29.9	West Virginia	3,468	4,341	20.1
North Carolina	3,339	4,754	29.8	Ohio	2,220	2,767	19.8
Georgia	2,924	4,162	29.7	Missouri	2,260	2,820	19.8
Alabama	3,283	4,629	29.1	South Dakota	2,972	3,692	19.5
Mississippi	3,108	4,333	28.3	New Jersey	1,810	2,229	18.8
Arkansas	3,332	4,589	27.4	Michigan	2,474	3,033	18.4
Texas	2,522	3,438	26.7	Minnesota	2,454	2,998	18.1
Nevada	2,152	2,936	26.7	Nebraska	2,583	3,117	17.1
California	1,583	2,157	26.6	Iowa	2,520	3,033	16.9
Virginia	2,941	3,961	25.8	Indiana	2,435	2,913	16.4
Oregon	1,883	2,539	25.8	Kentucky	3,465	4,109	15.7
Washington	1,913	2,563	25.4	Wisconsin	2,584	3,063	15.6
Maryland	2,199	2,940	25.2	New York	1,723	2,040	15.5
Oklahoma	2,928	3,903	25.0	Wyoming	2,792	3,242	13.9
Arizona	2,526	3,350	24.6	North Dakota	3,404	3,932	13.4
Montana	2,652	3,498	24.2	Connecticut	1,887	2,150	12.3
Idaho	3,130	4,109	23.8	Rhode Island	1,993	2,255	11.6
Utah	3,394	4,439	23.5	Massachusetts	1,892	2,106	10.2
Delaware	2,196	2,871	23.5	New Hampshire	2,372	2,565	7.5
Tennessee	3,144	4,063	22.6	Colorado	2,754	2,944	6.4
Kansas	2,524	3,196	21.0	Maine	2,816	2,987	5.7
Louisiana	2,790	3,515	20.6	Vermont	2,817	2,956	4.7
Pennsylvania	2,364	2,979	20.6	New Mexico	4,212	4,279	1.6

*The gross reproductive rates shown in this table were derived from age specific reproductive rates published in "Population Statistics; No. 2, State Data," by the National Resources Committee, October 1937, page 3.

first to the second period. For those States with initial gross reproductive rates ranging between 3,000 and 4,000, the corresponding average decline was 20.8 percent; the remaining States, with initial gross reproductive rates between 2,000 and 3,000, had an average decline of 17.2 percent. As a matter of fact, there was found a moderate, but statistically significant, correlation between the initial gross reproductive rates of the States and their percent declines, the coefficient of correlation and its standard error being 0.501 ± 0.109. In other words, the situation here described is one that leads to a general leveling of the gross reproductive rates throughout the States of the country.

Even so, the States that have declined most, being mainly those that started with the highest gross reproductive rates, are still, on the whole, the most favorably situated. Among the States that have declined

GEOGRAPHIC DISTRIBUTION OF PER CENT DECLINES IN GROSS REPRODUCTIVE RATES *

NATIVE WHITE FEMALES IN THE UNITED STATES FROM 1918-1921 TO 1929-1931

* The gross reproductive rate per 1000 at a given period is defined as the number of children born among 1000 women passing through the entire reproductive period of life without any losses by deaths, and subject to the prevailing reproduction rates at each age

least are the majority of those that could least afford to decline, and in which the problem of adequate reproduction has reached the most serious proportions.

In nine of the 48 States the gross reproductive rates at the later of the two periods here considered fell below the critical minimum of 2,057, beyond which even the most favorable mortality can no longer ensure population equilibrium. These nine States are California, Oregon, Washington, Illinois, New Jersey, New York, Connecticut, Rhode Island, and Massachusetts. These are beyond redemption through any steps operating purely by improvement of mortality. If they are to maintain their level without aid by migration, they must greatly increase their reproductivity.

Cancer and Age

ALTHOUGH cancer* is preeminently a disease of later life, it is by no means a negligible cause of death even in early and middle adult life. In fact, cancer claims its victims, though in varying numbers, throughout the life cycle, from birth to very old age.

In the general population of the United States cancer is responsible for no less than 2,000 deaths a year among persons under 25 years of

*In accordance with the practice prescribed by the International List of Causes of Death, the term "cancer" as here used includes all forms of malignant neoplasms.

Age Distribution of Deaths from Cancer by Organ or Site
White Males and White Females. United States, 1935

Organ or Site	Sex	Number of Deaths* All Ages	Percent				
			All ages	Under 25	25–44	45–74	75 and over
Cancer—All Forms	W.M.	59,761	100.0	1.6	6.6	70.6	21.2
	W.F.	69,302	100.0	1.2	11.7	69.0	18.1
Buccal cavity, pharynx	W.M.	3,805	100.0	1.0	3.8	69.7	25.5
	W.F.	822	100.0	1.3	5.7	61.6	31.4
Digestive tract, peritoneum	W.M.	33,357	100.0	0.6	5.9	74.2	19.3
	W.F.	29,574	100.0	0.4	6.8	69.5	23.3
Stomach and duodenum	W.M.	15,060	100.0	0.2	4.7	74.8	20.3
	W.F.	10,226	100.0	0.2	5.6	67.7	26.5
Intestines (except duodenum, rectum, and anus)	W.M.	6,215	100.0	1.0	8.2	70.2	20.6
	W.F.	7,765	100.0	0.5	8.5	68.1	22.9
Rectum and anus	W.M.	3,661	100.0	0.4	7.2	74.7	17.7
	W.F.	3,036	100.0	0.4	9.9	70.6	19.1
Liver and biliary passages	W.M.	4,165	100.0	0.9	5.1	72.6	21.4
	W.F.	5,776	100.0	0.5	5.2	71.8	22.5
Pancreas	W.M.	2,199	100.0	0.4	7.3	79.1	13.2
	W.F.	1,741	100.0	0.5	6.2	75.6	17.7
Respiratory system	W.M.	4,292	100.0	2.0	11.8	77.8	8.4
	W.F.	1,663	100.0	3.0	13.0	73.4	10.6
Lungs and pleura	W.M.	2,823	100.0	2.6	12.7	77.7	7.0
	W.F.	1,357	100.0	3.0	13.2	73.7	10.1
Uterus	W.F.	13,712	100.0	0.5	19.3	70.0	10.2
Other female genital organs	W.F.	3,169	100.0	2.4	17.0	72.0	8.6
Breast	W.M.	147	100.0	...	7.5	66.7	25.8
	W.F.	12,296	100.0	0.1	14.7	71.6	13.6
Male genitourinary organs	W.M.	11,094	100.0	1.7	4.4	65.2	28.7
Kidneys and suprarenals	W.M.	1,123	100.0	8.5	11.8	72.9	6.8
Bladder	W.M.	2,885	100.0	0.4	3.6	71.9	24.1
Prostate	W.M.	6,393	100.0	0.1	0.7	63.1	36.1
Skin	W.M.	2,068	100.0	0.7	4.1	51.3	43.9
	W.F.	1,231	100.0	1.4	4.5	42.4	51.7
Other or unspecified organs	W.M.	4,998	100.0	9.0	14.6	60.6	15.8
	W.F.	6,835	100.0	6.7	11.9	63.1	18.3
Kidneys and suprarenals	W.F.	845	100.0	10.7	11.1	63.9	14.3
Bladder	W.F.	1,400	100.0	0.1	3.9	68.6	27.4
Brain	W.M.	627	100.0	19.0	28.5	51.2	1.3
	W.F.	472	100.0	20.5	33.9	44.1	1.5
Bones (except jaw)	W.M.	832	100.0	16.9	12.9	60.7	9.5
	W.F.	833	100.0	13.3	13.9	62.8	10.0

*Exclusive of deaths reported as "unknown" as to age.

age, and of these about 400 are children under 5 years. The disease kills approximately 16,000 people annually before they reach age 45, and more than 26,000 under age 50, a somewhat larger number than at ages 75 and over.

That cancer is a relatively important cause of death throughout the greater part of life is further evident from a study of the recent experience among the white Industrial policyholders of the Metropolitan Life Insurance Company. In this insured group, which constitutes a good cross-section of the wage-earning population of the United States and Canada, cancer ranks among the 10 leading causes of death at every age period beginning with the group 15 to 19 years. Among white men in the ages after 45 years the disease is second only to the diseases of the heart. Among white women cancer is the leading cause of death by a considerable margin for the 20-year pericd from 35 to 54 years of age.

The distribution of cancer deaths by age varies materially with the part of the body affected. This is apparent from the accompanying table, which shows for white males and white females in the general population of the United States the percent distribution of deaths by age for the more important sites, the classification used being that of the International List of Causes of Death.

The brain is outstanding among the organs which show a high proportion of deaths from cancer at relatively young ages. Of all the deaths from brain cancer among white males, 19.0 percent occur before age 25 and 47.5 percent before age 45; among white females an even higher proportion of deaths occur at this period of life. Cancers of the bones (except jaw) and of the kidneys and suprarenals likewise show a considerable number of deaths even before midlife. More than one out of every four deaths from bone cancer and more than one out of every five deaths from cancer of the kidney take place before age 45. In each of the sites discussed a relatively high proportion of deaths are reported at ages under 25 as well as between 25 and 44.

There are several important organs which begin to assume significance as cancer sites at age 25 and which register a definitely higher than average proportion of deaths between 25 and 44 years. In this group are cancers of the reproductive organs and the breast among women, and cancer of the lung and pleura among both males and females. Cancer of the skin, on the other hand, shows a greater concentration of deaths at ages 75 and over than cancer of any other site.

The problem of cancer is now in the forefront of medical research. A host of physicians and other scientific investigators, aware that they are fighting a common foe, are attacking on many fronts. This organized campaign against cancer is vitally concerned with both the prevention and the cure of the disease. There is abundant evi-

dence to show that the death toll from cancer would be reduced if an increasing number of cases were treated in the incipient stages. In the light of the figures presented on page 7, it is of interest to note that among the forms of cancer which present the best promise of success in this direction are some of those that begin to take a serious death toll at relatively early ages, particularly cancer of the uterus and of the breast. Moreover, although we are still in the dark as regards the cause of cancer, it is undoubtedly true that a number of uterine cancers result from the lack of proper obstetrical care during and following childbirth. The cancer problem is so serious that we cannot afford to neglect any of its phases, least of all those where, with the means at present at our disposal, there is promise of reaping essential gains.

Health Record for February 1938

REPORTS from a number of reliable sources show that, for nearly a year, the country has been setting a most remarkable record for low mortality.

The first evidence of this came to hand as early as May of last year, when an all-time low point in the death rate for this particular month of the year was reached among more than 17,500,000 Industrial policyholders of the Metropolitan Life Insurance Company. Then, from May on to the close of 1937, every individual month with a single exception recorded the lowest death rate ever experienced for that particular month in this important cross-section of the population.

In December 1937, to determine whether the country at large was participating in the excellent health record of the Metropolitan's policyholders, the Company addressed an inquiry to health and registration officials of the several States. The replies received indicated that the reduction in mortality in the first nine months of the year was actually observed also in the population as a whole.

At the turn of the year, January 1938 followed with the lowest death rate ever registered for the first month of any year among insured wage-earners and their families. We are now able to announce a new low death rate for February of 8.7 per 1,000. The only previous February for which this figure has been even closely approached was in 1932, when the death rate was 8.9. In no other year has the February death rate among the insured dropped below 9.0 per 1,000.

In Canada, too, the wage-earning group of the population has recorded the remarkably low cumulative death rate of 6.4 per 1,000 up to the end of February. This marks a drop of 7.3 percent from the figure recorded for the first two months of last year.

It is clear that the situation in the general population also is greatly improved over that in evidence at

this time in 1937; for, in 86 large American cities and up to the end of the tenth week, there had occurred only 89,544 deaths, as compared with 104,715 in the same period of 1937.

The table on page 11 shows that, with the single exception of coronary artery diseases, every cause of death which is of major numerical importance is running a lower death rate this year than last. The more outstanding declines are those for influenza (68 percent), pneumonia (37 percent), tuberculosis (17 percent), automobile fatalities (16 percent), accidents—all forms combined (13 percent), diabetes (12 percent), and heart disease (9 percent). While there have been increases for certain of the minor causes of death, there is not a single major item in the 1938 mortality record which, up to the end of February, shows any considerable increase.

As is usual, there was more sickness throughout the country in February than in January from many of the reportable diseases. This is true particularly of measles. In fact, present indications are that more cases of this disease will be reported in this country in 1938 than for a number of years past. Other diseases which showed more prevalence in February than in January were poliomyelitis, typhoid fever, influenza, and scarlet fever. Diseases which had higher morbidity rates than in February a year ago were measles, poliomyelitis, typhoid fever, diphtheria, and smallpox.

The prevalence of smallpox continued high during February. The current year bids fair to make an outstandingly bad record with respect to this disease, as the cases reported in the first two months alone total almost half the number reported during the entire year 1937.

The following table shows the mortality among Industrial policyholders for February 1938, January 1938, and February 1937, together with the death rates for the first two months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rate per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF FEBRUARY 1938, JANUARY 1938, AND FEBRUARY 1937

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	February 1938	January 1938	February 1937	Cumulative January-February 1938	Cumulative January-February 1937
TOTAL—ALL CAUSES	867.9	851.6	1,013.3	859.5	991.1
Typhoid fever	.5	.8	.6	.7	.5
Measles	2.7	1.9	.7	2.3	.8
Scarlet fever	2.0	1.8	1.9	1.9	2.1
Whooping cough	1.7	1.7	3.4	1.7	2.6
Diphtheria	2.3	3.1	1.7	2.8	2.6
Influenza	15.1	14.0	53.8	14.5	44.7
Tuberculosis (all forms)	49.3	43.4	58.0	46.2	55.5
Tuberculosis of respiratory system	44.7	40.6	53.1	42.6	50.5
Syphilis, locomotor ataxia, and general paralysis of the insane	11.9	11.7	11.4	11.8	11.4
Cancer (all forms)	94.7	92.8	90.7	93.7	93.8
Diabetes mellitus	26.1	27.5	30.5	26.9	30.5
Cerebral hemorrhage; apoplexy	65.8	64.3	64.7	65.0	66.2
Diseases of the heart†	169.4	166.7	195.8	168.0	184.4
Diseases of the coronary arteries	36.7	34.4	33.5	35.5	34.5
Angina pectoris	9.1	7.6	9.4	8.3	9.9
Pneumonia (all forms)	81.1	81.0	131.0	81.0	129.2
Diarrhea and enteritis	6.1	6.0	4.3	6.1	5.0
Appendicitis	9.7	9.4	12.2	9.6	10.8
Chronic nephritis (Bright's disease)	58.8	58.8	61.4	58.8	60.2
Puerperal state—total	6.6	6.1	7.4	6.3	6.6
Suicides	7.8	7.4	7.4	7.6	7.6
Homicides	4.7	4.7	3.5	4.7	4.3
Accidents—total	45.2	52.3	54.9	48.9	56.0
Automobile accidents	16.9	21.3	21.0	19.1	22.8
All other diseases and conditions	160.6	154.0	175.2	157.2	171.8

*The rates for 1937 and 1938 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis, coronary artery diseases, and angina pectoris.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

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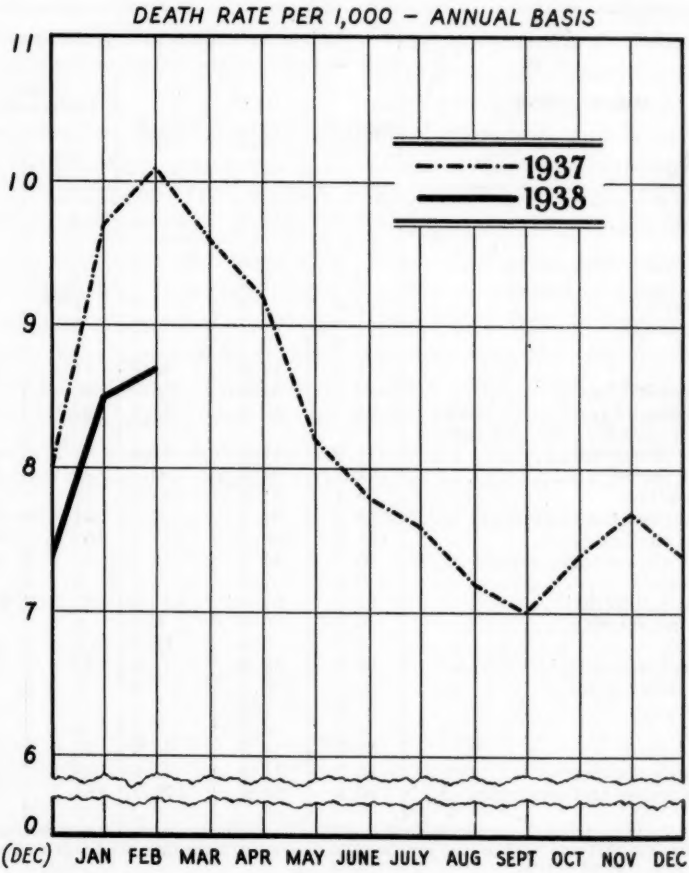
DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY
INDUSTRIAL DEPARTMENT
WEEKLY PREMIUM-PAYING BUSINESS – TOTAL PERSONS



Rates are provisional

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